

The Western Journal of Medicine®

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Manuscripts for consideration should be sent to the editor, Linda Hawes Clever, MD, PO Box 7602, San Francisco, CA 94120-7602; overnight mail, 221 Main St, San Francisco, CA 94105.

"Instructions for Authors"—A complete guide to manuscript submission and WJM style appears in most issues. Manuscripts may be prepared in accordance with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals."

PUBLISHER

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ABSTRACTS JULY/AUGUST 1996

(Chavez GF, Ellis AA: Pediatric hospital admissions for measles—Lessons from the 1990 Epidemic. West J Med 1996; 165:20-25)

To examine the descriptive epidemiology of serious measles complications and associated hospital costs during a major epidemic, we used California population-based hospital discharge data to identify hospital admissions for measles during 1986 through 1990 (ICD-9 code 055, n = 4,201). We examined 5-year trends and, for 1990 pediatric epidemic cases (n = 2,234), sociodemographic and hospital admission financial data. Hospital admission rates for measles rose significantly between 1986 and 1990. During the 1990 epidemic, preschool children aged 1 to 5 years, Medi-Cal beneficiaries, Hispanics, and those living in urban counties accounted for most hospital admissions. Young infants and residents of southern California and the San Joaquin Valley had the highest risks. Medi-Cal beneficiaries and Asian children were at an increased risk for death during the hospital stay. The average hospital admission cost was \$8,201, and the average length of hospital stay was 4.6 days. Hospital costs amounted to \$18 million, two thirds of which was paid for by Medi-Cal. Measles is a serious disease that can result in severe complications requiring lengthy and costly hospital stays. We must remain alert to its continuing threat, complications, and resulting financial burdens.

MEASLES

PEDIATRIC HOSPITAL ADMISSIONS

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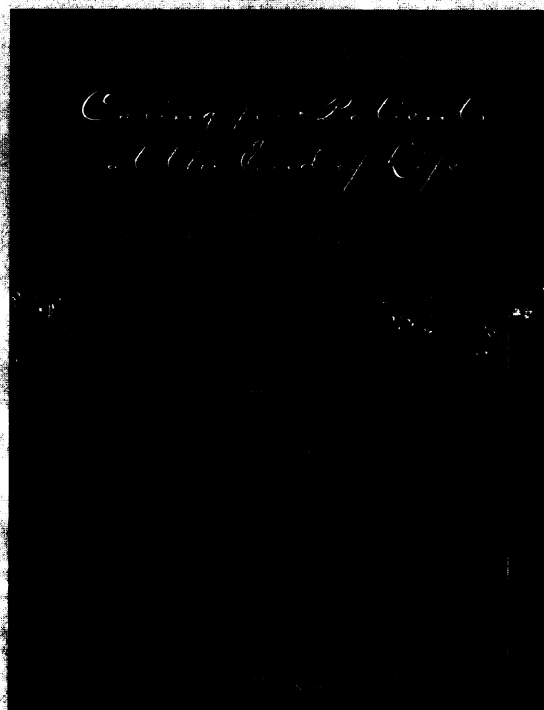
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MEASLES

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SEPTEMBER 1995

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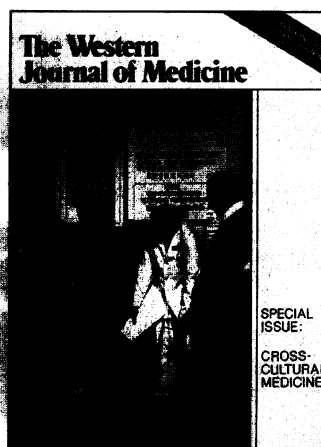
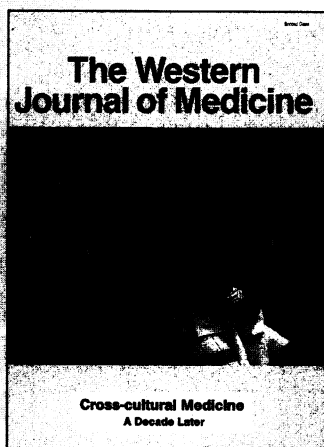
Christine Cassel, MD, & Gilbert S. Omenn, MD, PhD
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Judith Barker, PhD
Special Issue Editor, 1992



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M. Margaret Clark, PhD
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Continuing Medical Education

ARIZONA • CALIFORNIA, HAWAII, NEVADA • COLORADO • IDAHO • NEW MEXICO • UTAH • WASHINGTON • WYOMING

ARIZONA

The following list of continuing medical education programs in Arizona is compiled by the Arizona Medical Association. All courses listed have been certified as meeting the criteria for Category I of the ArMA CME Certificate and the AMA Physicians Recognition Award. To list Category I continuing medical education programs, please send information to Arizona Medical Association, 810 West Bethany Home Road, Phoenix, AZ 85013; or phone (602) 246-8901.

Brochures and registration forms are available from the contact person or organization sponsoring the program.

October 7-10—**Visiting Fellowships in MRI.** University of Arizona College of Medicine at the Biltmore Advanced Imaging Center, Phoenix. Mon-Thurs. Contact: (800) 848-4920, ext 2575.

October 14-18—**Neuroradiology: Review and Update.** University of Arizona College of Medicine at the Biltmore Advanced Imaging Center, Phoenix. Mon-Fri. Contact: (800) 848-4920, ext 2575.

CONTACT INFORMATION

ArMA—Contact: Arizona Medical Association, 810 W Bethany Home Rd, Phoenix, AZ 85013. (602) 246-8901.

Mayo Clinic-Scottsdale—Contact: Postgraduate Courses, Mayo Clinic-Scottsdale, (602) 301-7447.

U of A—Contact: University of Arizona College of Medicine, Arizona Health Sciences Center, Tucson, AZ 85724. (520) 626-7832; (800) 328-5868.

CALIFORNIA, HAWAII, AND NEVADA

This listing of continuing education programs in California, Hawaii, and Nevada is supplied by the Committee on Continuing Medical Education of the California Medical Association. All courses and meetings listed have been approved for Category I credit toward the CMA Certificate in Continuing Medical Education. To have accredited courses listed here, please send information at least two months in advance to Paulette Richardson, Continuing Medical Education, California Medical Association, PO Box 7690, San Francisco 94120-7690; or phone (415) 882-3387. For more information on accreditation or certification, please write to the above address.

ANESTHESIOLOGY

November 8-10—**8th Annual Anesthesiology Update:1996.** UCD at Monterey Plaza Hotel, Monterey. 14 hrs. \$350. Contact: UCD.

January 8-11—**Anesthesiology Update 1997.** UCSD at Hotel del Coronado, Coronado. Wed-Sat. 21 hrs. \$375. Contact: UCSD.

January 31-February 2—**35th Clinical Conference in Pediatric Anesthesiology.** Children's Hospital Los Angeles at Sheraton Universal Hotel, Universal City. 15 hrs. \$295. Contact: David J. Stewart, MB, Prog. Dir., Pediatric Anesthesiology Conf., Children's Hospital Los Angeles, PO Box 54700, Los Angeles 90054. (213) 669-2262.

CARDIOLOGY

September 26-28—**10th Annual International Workshop on Future Directions in Interventional Cardiology.** American College of Cardiology at Santa Barbara. Thurs-Sat. Contact: ACC, (800) 253-4636, ext 695.

October 3-6—**Coronary Interventions: 1996.** Scripps Clinic and Research Foundation at Sheraton Grande Torrey Pines Hotel, La Jolla. Thurs-Sun. 28 hrs. Contact: Scripps Clinic, (619) 554-8556.

October 10-12—**Cardiology Update 1996.** American College of Cardiology at Carmel Valley Ranch Resort. Thurs-Sat. 12 hrs. Contact: Registration Secretary, Extramural Programs Dept, ACC, 9111 Old Georgetown Rd., Bethesda, MD 20814. (800) 253-4636.

October 17-19—**15th Annual Recent Advances in Pulmonary and Critical Care Medicine.** UCSF at Sheraton Palace Hotel, San Francisco. Thurs-Sat. 17 hrs. \$475. Contact: UCSF.

November 2—**Update in Electrocardiography and Arrhythmias.** UCSF at AHA Hotel, San Francisco. Sat. 7.5 hrs. \$175. Contact: UCSF.

November 22-24—**Coronary Heart Disease Update.** Medical Education Resources at Disneyland Hotel, Anaheim. Fri-Sun. 11 hrs. Contact: Linda Main, Meetings Coordinator, Medical Education Resources, 1500 W Canal Court, Ste 500, Littleton, CO 80120-4569. (800) 421-3756.

December 13-15—**14th Annual Advances in Heart Disease.** American College of Cardiology at San Francisco. Contact: ACC, (800) 253-4636, ext 695.

January 24-26—**Clinical Nuclear Cardiology: Case Review With the Experts.** American College of Cardiology at Los Angeles. Fri-Sun. Contact: ACC, (800) 253-4636, ext 695.

DERMATOLOGY

October 5-9—**11th Combined Skin Pathology Course and Workshop in Dermatopathology.** UCSD at San Diego Princess. Sat-Wed. 37 hrs, \$600. Contact: UCSD.

October 17-20—**Minimally Invasive Techniques for Facial Rejuvenation.** UCSF at Embarcadero Hyatt Regency Hotel, San Francisco. Thurs-Sun. Contact: UCSF.

November 2-3—**The Skin From A to Z: Tips on Practical Therapy and Office Techniques.** UCSF. Sat-Sun. Contact: UCSF.

January 31-February 2—**Primary Care Dermatology.** UCSD at San Diego Hilton Beach and Tennis Resort. Fri-Sun. Contact: UCSD.

EMERGENCY MEDICINE

October 17-19—**15th Annual Recent Advances in Pulmonary and Critical Care Medicine.** UCSF at Sheraton Palace Hotel, San Francisco. Thurs-Sat. 17 hrs. \$475. Contact: UCSF.

October 18-20—**The Comprehensive Review in Emergency Medicine and Urgent Care.** Continuing Medical Education Associates at Hyatt Regency, La Jolla. 20 hrs, \$495. Contact: Jacqueline Shiller, PO Box 270469, San Diego 92198. (619) 674-5200.

October 20-23—**Cellular Injury and Brain Edema, 1996.** Foundation for Pediatric and Laser Neurosurgery, Inc, at Hyatt Regency Hotel, San Diego. Sun-Wed. 19 hrs, \$350-\$400. Contact: Hector E. James, MD, Coordinator, Foundation for Pediatric and Laser Neurosurgery, Inc, 7930 Frost St, Ste 304, San Diego 92123. (619) 560-4791.

October 21-25—**Emergency Medicine Symposium I.** UCSD. Mon-Fri. 32 hrs, \$495. Contact: UCSD.

October 28-November 1—**25th Annual Topics in Emergency Medicine.** UCSF at Holiday Inn, Union Square, San Francisco. Mon-Fri. 32 hrs. \$655. Contact: UCSF.

November 11-15—**Emergency Medicine Symposium III.** UCSD at San Diego Hilton Beach and Tennis Resort. Mon-Fri. 32 hrs, \$495. Contact: UCSD.

December 7-8—**Stabilization and Management of the Critically Ill Child.** UCSF at Mark Hopkins Hotel, San Francisco. Sat-Sun. Contact: UCSF.

December 16-20—**Emergency Medicine Symposium II.** UCSD. Mon-Fri. 32 hrs, \$495. Contact: UCSD.

February 17-21—**Emergency Medicine Symposium I.** UCSD at San Diego Hilton Beach and Tennis Resort. 32 hrs. \$495. Contact: UCSD.

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CONTINUING MEDICAL EDUCATION

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FAMILY PRACTICE/PRIMARY CARE

September 19—**Immunization Update 1996.** CDC Public Health Training Network at local hospitals. Thurs. 3 hrs. Contact: Provider Relations or Education office at your hospital, local health department's Immunization Coordinator or CHDP Program, (619) 594-2115.

September 28—**Stroke Prevention Management in the Primary Care Setting; Update 1996.** UCSF at AHA Hotel, San Francisco. Sat. 7.5 hrs. \$160. Contact: Mary Henderson, UCSF Mt Zion Center on Aging, (415) 750-5342.

October 9-11—**Primary Care Medicine: Principles and Practice.** UCSF at AHA Hotel, San Francisco. Wed-Fri. 20 hrs. \$525. Contact: UCSF.

October 9-12—**Semiannual Wound Management Workshop: For Primary Care Professionals.** UCSD at San Diego Hilton Beach and Tennis Resort. Wed-Sat. 17 hrs. \$475. Contact: UCSD, Edith Bookstein, (619) 454-3212.

October 17-20—**Office Based Orthopaedics for the Primary Care Physician.** UCSF at Mark Hopkins Hotel, San Francisco. Thurs-Sun. 18.5 hrs. \$395-\$450. Contact: UCSF.

October 19—**Symposium on Women's Health.** UCD at UCD Medical Center, Sacramento. Sat. 7 hrs. \$70. Contact: UCD.

October 21—**OB/GYN Pathology.** USC at Red Lion Hotel, Glendale. Mon. 8 hrs. \$185. Contact: USC.

October 21-23—**Neurology and Outpatient Psychiatry in Primary Care.** Continuing Medical Education Associates at Hyatt Regency, San Diego. 20 hrs, \$450. Contact: Jacqueline Shiller, PO Box 270469, San Diego 92198. (619) 674-5200.

November 15-17—**Women's Health Issues in Primary Care.** UCSD at Hilton Hotel, San Diego. Fri-Sun. 17.5 hrs. Contact: UCSD.

November 17-19—**3rd Annual Western Retreat: Practical Primary Care.** Scripps Clinic and Research Foundation at Silverado, Napa. Sun-Tues. 12 hrs. Contact: Scripps, (619) 554-8556.

December 5-6—**Controversies in Women's Health.** UCSF at Mark Hopkins Hotel, San Francisco. Thurs-Fri. 13 hrs. \$355. Contact: UCSF.

December 7-8—**Stabilization and Management of the Critically Ill Child.** UCSF at Mark Hopkins Hotel, San Francisco. Sat-Sun. Contact: UCSF.

January 17-19—**Practical Dermatology for the Primary Care Physician.** Continuing Medical Education Associates at Hyatt Regency, La Jolla. Fri-Sun. 20 hrs. \$495. Contact: CMEA, Jacqueline Shiller, PO Box 270469, San Diego 92198. (800) 993-1632 or (619) 674-5200.

January 20-22—**Ophthalmology and ENT for the Primary Care Physician.** Continuing Medical Education Associates at Hyatt Regency, La Jolla. Mon-Wed. 20 hrs. \$495. Contact: CMEA, Jacqueline Shiller, PO Box 270469, San Diego 92198. (800) 993-2632 or (619) 674-5200.

January 31-February 2—**Primary Care Dermatology.** UCSD at San Diego Hilton Beach and Tennis Resort. Fri-Sun. Contact: UCSD.

KEY TO ABBREVIATIONS

DREW:	Charles R. Drew Postgraduate Medical School, Office of Continuing Medical Education, (213) 563-4800.
LLU:	Loma Linda University, Continuing Medical Education Programs, (909) 824-4963.
STAN:	Stanford University, Postgraduate Education, (415) 723-5594.
UCD:	University of California, Davis, Office of Continuing Medical Education, (916) 734-5390.
UCI:	University of California, Irvine, Memorial/UCI Center for Health Education, (714) 824-5926.
UCLA:	University of California, Los Angeles, Continuing Education in Medicine and Health Sciences, (310) 794-2620.
UCSD:	University of California, San Diego, Office of Continuing Medical Education, (619) 534-3940.
UCSF:	University of California, San Francisco, Extended Programs in Medical Education, (415) 476-4251.
USC:	University of Southern California, Postgraduate Division, (800) USC-1119.

February 14-16—**Office Gynecology and Women's Health for the Primary Care Physician.** CMEA at Hyatt Islandia, San Diego. Fri-Sun. 20 hrs. \$475. Contact: CMEA, Jacqueline Shiller, PO Box 270469, San Diego 92198. (800) 993-2632 or (619) 674-5200.

February 17-19—**Pediatrics Update 1997.** CMEA at Hyatt Islandia, San Diego. Mon-Wed. 20 hrs. \$475. Contact: CMEA, Jacqueline Shiller, PO Box 270469, San Diego 92198. (800) 993-2632 or (619) 674-5200.

February 17-19—**Clinical Hematology and Oncology: 1997.** Scripps Clinic and Research Foundation at Sheraton Grande Torrey Pines Hotel, La Jolla. Mon-Thurs. 26 hrs. Contact: Scripps, (619) 554-8556.

INFECTIOUS DISEASE

October 26-November 2—**National Infectious Disease Update Conference.** Santa Rosa Kaiser Permanente Medical Center on the Sun Princess Cruise, Western Caribbean. Sat-Fri. 7 hrs, \$50-\$100. Contact: Infectious Disease Update/SRO, Kaiser Permanente Medical Center, 401 Bicentennial Way, Santa Rosa 95403-2192.

December 5-7—**Clinical Care of the AIDS Patient.** UCSF at Sheraton Place Hotel, San Francisco. Thurs-Sat. 24 hrs. \$395. Contact: UCSF.

February 6-8—**Epidemiology and Prevention of Infectious Diseases.** UCSF at Fairmont Hotel, San Francisco. Thurs-Sat. Contact: UCSF.

INTERNAL MEDICINE

September 19-21—**Rheumatology Board Review.** UCSF at Miyako Hotel, San Francisco. Thurs-Sat. 24 hrs. Contact: UCSF.

September 27-October 2—**Internal Medicine 1996—Fall Program.** Continuing Medical Education Associates at Loews Coronado Bay Resort, San Diego. Fri-Wed. \$450. Contact: Jacqueline Shiller, PO Box 270469, San Diego 92198. (619) 674-5200.

September 30-October 4—**Texas Internal Medicine Conference.** UCSD at Westgate Hotel, San Diego. Mon-Fri. Contact: UCSD.

October 3-4—**Design and Methods of Clinical Trials.** UCSF at Holiday Inn, Union Square, San Francisco. Thurs-Fri. 12.5 hrs, \$285-\$375. Contact: UCSF.

December 8—**Endocrine Tumors: 101st Semi-Annual Cancer Seminar.** California Tumor Tissue Registry at Ritz-Carlton Hotel, San Francisco. Sun. 8 hrs. \$265. Contact: CTTR, (909) 824-4788.

February 12-14—**Recent Advances in Neurology.** UCSF at Hyatt Regency Hotel, San Francisco. Wed-Fri. 15 hrs. Contact: UCSF.

February 17-20—**Clinical Hematology and Oncology: 1997.** Scripps Clinic and Research Foundation at Sheraton Grande Torrey Pines Hotel, La Jolla. Mon-Thurs. 26 hrs. Contact: Scripps, (619) 554-8556.

OCCUPATIONAL MEDICINE

October 21-25—**Occupational and Environmental Medicine II.** UCSF at Miyako Hotel, San Francisco. Mon-Fri. 40 hrs. \$725. Contact: UCSF.

December 5-6—**Occupational Disorders of the Upper Extremities.** UC Berkeley at San Francisco Airport Hilton Hotel. Thurs-Fri. Contact: UC Berkeley.

ONCOLOGY

October 10-12—**20th Annual Physicians Cancer Symposium.** Scripps-Health at Sheraton Harbor Island Hotel, San Diego. Thurs-Sat. 17 hrs, \$425-\$450. Contact: Stevens Cancer Center, Scripps Memorial Hospital, PO Box 28, La Jolla 92038-0028; Ruthanne Crawford, (619) 626-6794.

October 19—**15th Annual Cancer Memorial Symposium—Winning Strategy Against Cancer.** Victor Valley Community Hospital at Holiday Inn, Victorville. Sat. 8 hrs, \$90. Contact: Hi Desert Joint Cancer Program, Alice Williams, CTR Victor Valley Community Hospital, 15248 11th St, Victorville 92392. (619) 245-8691, ext 3432.

February 17-20—**Clinical Hematology and Oncology: 1997.** Scripps Clinic and Research Foundation at Sheraton Grande Torrey Pines Hotel, La Jolla. Mon-Thurs. 26 hrs. Contact: Scripps, (619) 554-8556.

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CONTINUING MEDICAL EDUCATION

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OTOLARYNGOLOGY

- September 14-18—**Temporal Bone Surgical Dissection Courses.** The House Ear Institute, Los Angeles. Sat-Wed. 48 hrs, \$1,300. Contact: House Ear Institute, (213) 483-4431, ext 7079.
- October 17-20—**Minimally Invasive Techniques for Facial Rejuvenation.** UCSF at Embarcadero Hyatt Regency Hotel, San Francisco. Thurs-Sun. Contact: UCSF.
- October 19-23—**Temporal Bone Surgical Dissection Courses.** The House Ear Institute, Los Angeles. Sat-Wed. 48 hrs, \$1,300. Contact: House Ear Institute, (213) 483-4431, ext 7079.
- October 31-November 1—**Facial Plating in Craniomaxillary Surgery.** UCD at Hyatt Regency Hotel, Sacramento. Thurs-Fri. 13 hrs. \$150. Contact: UCD.
- November 7-9—**Otolaryngology Update: 1996.** UCSF at Ritz-Carlton Hotel, San Francisco. Thurs-Sat. 18.5 hrs, \$425. Contact: UCSF.
- November 9-13—**Temporal Bone Surgical Dissection Courses.** The House Ear Institute, Los Angeles. Sat-Wed. 48 hrs, \$1,300. Contact: House Ear Institute, (213) 483-4431, ext 7079.
- December 7-11—**Temporal Bone Surgical Dissection Courses.** The House Ear Institute, Los Angeles. Sat-Wed. 48 hrs, \$1,300. Contact: House Ear Institute, (213) 483-4431, ext 7079.
- January 4-8—**Temporal Bone Surgical Dissection Course.** The House Ear Institute, Los Angeles. Sat-Wed. 48 hrs, \$1,300. Contact: House Ear Institute, 2100 W Third St, Los Angeles 90057. (213) 483-4431, ext 7079.
- February 1-5—**Temporal Bone Surgical Dissection Course.** The House Ear Institute, Los Angeles. Sat-Wed. 48 hrs. \$1,300. Contact: House Ear Institute, (213) 483-4431, ext 7079.

PEDIATRICS

- November 9—**Pediatric Pain Management in Managed Care Environment.** Children's Hospital and Health Center at Corning Labs Conference Center, San Diego. Sat. 7 hrs, \$85. Contact: Children's Hospital, Continuing Medical Education, 3020 Children's Way (5021), San Diego 92123. (619) 576-4072.
- December 7—**Fifteenth Annual Binational Pediatric Conference.** Children's Hospital and Health Center at Mercy Hospital Education Center, San Diego. Saturday. 5 hrs, \$45. Contact: Children's Hospital, Continuing Medical Education, 3020 Children's Way (5021), San Diego, 92123. (619) 576-4072.
- December 7-8—**Stabilization and Management of the Critically Ill Child.** UCSF at Mark Hopkins Hotel, San Francisco. Sat-Sun. Contact: UCSF.
- January 15-18—**San Diego Cerebral Palsy Symposium.** Children's Hospital at San Diego Marriott Mission Valley. Wed-Sat. 21.5 hrs, \$450-\$495. Contact: Continuing Medical Education, 3020 Children's Way (5021), San Diego 92123. (619) 576-4072.
- January 27-31—**San Diego Conference on Responding to Child Maltreatment.** Children's Hospital at Town and Country Hotel, San Diego. Mon-Fri. 30.5 hrs, \$435. Contact: Registration Coordinator, Center for Child Protection, 3020 Children's Way (MC5016), San Diego 92123. (619) 495-4940.
- January 31-February 2—**35th Clinical Conference in Pediatric Anesthesiology.** Children's Hospital Los Angeles at Sheraton Universal Hotel, Universal City. 15 hrs. \$295. Contact: David J. Stewart, MB, Program Dir, Pediatric Anesthesiology Conf., Children's Hospital Los Angeles, PO Box 54700, Los Angeles 90054. (213) 669-2262.
- February 28-March 2—**Current Concepts in Pediatric Medicine—10th Anniversary.** Children's Hospital and Health Center at San Diego Hilton Beach and Tennis Resort. Fri-Sun. 16 hrs. \$365. Contact: Children's Hospital, CME, 3020 Children's Way (5021), San Diego 92123. (619) 576-4072.

PLASTIC SURGERY

- October 12-13—**New Directions in Lasers and Cosmetic Surgical Procedures.** UCD. Sat-Sun. 13 hrs. \$750. Contact: UCD

- October 17-20—**Minimally Invasive Techniques for Facial Rejuvenation.** UCSF at Embarcadero Hyatt Regency Hotel, San Francisco. Thurs-Sun. Contact: UCSF.

PSYCHIATRY AND NEUROLOGY

- October 11-13—**California Psychiatric Association Annual Meeting.** Rancho Las Palmas Resort. Fri-Sun. 18.5 hrs. Contact: CPA, (800) 772-4271.
- November 2-3—**Neurology Update.** UCSD at Hotel del Coronado, Coronado. Sat-Sun. 12 hrs, \$350. Contact: Ryals & Associates, Inc, PO Box 1925, Roswell, GA 30077-1925. (770) 641-9773.
- November 8-10—**The 42nd Annual Group Therapy Symposium.** UCSF at Mark Hopkins Hotel, San Francisco. Fri-Sun. Contact: UCSF.
- February 12-14—**Recent Advances in Neurology.** UCSF at Hyatt Regency Hotel, San Francisco. Wed-Fri. 15 hrs. Contact: UCSF.

RADIOLOGY

- September 28-29—**Ultrasound Update: 1996.** UCD at Red Lion Inn, Sacramento. Sat-Sun. 10 hrs. \$190. Contact: UCD.
- October 24-25—**Neuroradiology Comprehensive Review.** UCSD at Hotel del Coronado, Coronado. Thurs-Fri. 25 hrs, \$550. Contact: Ryals & Associates, Inc, PO Box 1925, Roswell, GA 30077-1925. (770) 641-9773.
- October 26-27—**16th Annual Comprehensive Review of Vascular & Interventional Radiology.** UCSD at Hotel del Coronado, Coronado. Sat-Sun. 14 hrs, \$375. Contact: Ryals & Associates, Inc, PO Box 1925, Roswell, GA 30077-1925. (770) 641-9773.
- October 28-November 1—**21st Annual San Diego Postgraduate Radiology Course.** UCSD at Hotel del Coronado, Coronado. Mon-Fri. 27 hrs, \$575. Contact: Ryals & Associates, Inc, PO Box 1925, Roswell, GA 30077-1925. (770) 641-9773.

SURGERY

- September 19-21—**Working Together for Success in a Changing Health Environment.** California Thoracic Society at Marriott Hotel, Newport Beach. Thurs-Sat. 10 hrs. Contact: CTS, 202 Fashion Lane, #219, Tustin 92680. (714) 730-1944.
- October 31-November 1—**Facial Plating in Craniomaxillary Surgery.** UCD at Hyatt Regency Hotel, Sacramento. Thurs-Fri. 13 hrs. \$150. Contact: UCD.
- January 4-8—**Temporal Bone Surgical Dissection Course.** The House Ear Institute, Los Angeles. Sat-Wed. 48 hrs, \$1,300. Contact: House Ear Institute, 2100 W Third St, Los Angeles 90057. (213) 483-4431, ext 7079.

UROLOGY

- October 5-9—**11th Combined Skin Pathology Course & Workshop in Dermatopathology.** UCSD at San Diego Princess. Sat-Wed. 37 hrs, \$600. Contact: UCSD.
- November 3-7—**VII World Meeting on Impotence.** American Urological Association and UCSF at Sheraton Palace, San Francisco. Mon-Thurs. \$400-\$475. Contact: UCSF.

GENERAL/MULTIDISCIPLINARY

- September 12 and 19—**Arrhythmia Recognition.** American Heart Association at San Leandro. Thurs. 10 hrs, \$120. Contact: CPR Seminars, (510) 632-6135.
- September 16, 18, 24, 26—**CLS Provider Training.** American Heart Association at San Leandro. Mon and Wed, Tues and Thurs. 16 hrs, \$170. Contact: CPR Seminars, (510) 632-6135.
- September 21—**Update in Medicine.** USC at San Diego Marriott. Sat. 6 hrs. \$75. Contact: USC.
- October 18—**ACLS Recertification.** American Heart Association at San Francisco. Fri. 6 hrs, \$100. Contact: CPR Seminars, (510) 632-6135.

(Continued on Page 13)

CONTINUING MEDICAL EDUCATION

(Continued from Page 12)

October 19-20—**ACLS Provider**. American Heart Association at San Francisco. Sat-Sun. 16 hrs, \$170. Contact: CPR Seminars, (510) 632-6135.

October 29-31—**ABC's Second Annual Telemedicine and Telehealth Conference**. UCD at Anaheim Convention Center. Tues-Thurs. \$450-\$550. Contact: UCD, (800) 829-3400.

November 8—**Assault Prevention for the Healthcare Provider**. CPR Seminars at San Leandro. Fri. 5 hrs. \$96. Contact: CPR Seminars, (510) 632-6135.

December 12-14—**Diagnosis and Treatment of Back Pain—The Next Level**. St Mary's Hospital at Stanford Court Hotel, San Francisco. Thurs-Sat. Contact: Aubrey A. Swartz, MD, American Back Society, St Joseph's Professional Center, 2647 E 14th St, Ste 401, Oakland 94601. (510) 536-9929.

HOME STUDY/SELF ASSESSMENT

Audio-Digest Foundation. California Medical Association. Contact: Audio-Digest Foundation, 1577 E Chevy Chase, Glendale 91206. (213) 245-8505.

California Physicians' Legal Handbook Series. California Medical Association. Contact: CMA, PO Box 7690, San Francisco 94120-7690. (800) 882-1262.

COLORADO

This listing of continuing medical education programs in Colorado is compiled by the Denver Medical Society. To list CME programs here, please send information at least two months in advance to: Mr Robert L. Kennedy, Denver Medical Society, 1850 Williams Street, Denver, CO 80218; or telephone (303) 377-1850.

Brochures, course information, and registration forms are available from the contact person or organization.

September 18-21—**Enhancing Quality and Value in Cardiovascular Care**. University of Colorado Health Sciences Center at Vail. Thurs-Sat. Contact: U of Colo.

October 28-November 1—**42nd Annual Family Practice Review (Repeat of June program)**. University of Colorado Health Sciences Center at Denver. Mon-Fri. Contact: U of Colo.

December 6-7—**5th Update in Infectious Disease: Bugs and Drugs in the '90s**. University of Colorado Health Sciences Center at Denver. Fri-Sat. Contact: U of Colo.

Tuesday Noon Conferences—**Various Topics in Medicine**. Lutheran Medical Center, Wheat Ridge. Contact: Jean A. Kline, (303) 425-2951.

First Wednesday of Each Month—**Various Topics in Neurology**. Colorado Society of Clinical Neurologists. Contact: Colorado Society of Neurologists, (303) 449-3566.

Every Second Wednesday of the Month—**Cardiovascular Education Series**. St Anthony Hospital at St Anthony Hospital, Denver. Contact: Rose Powell, (303) 629-3678.

CONTACT INFORMATION

U of Colo—Contact: University of Colorado Health Sciences Center, School of Medicine, Office of Continuing Medical Education, 4200 E 9th Ave, Denver 80262. (303) 372-9050 or (800) 882-9153; FAX (303) 372-9065.

NEW MEXICO

Information, requests for accreditation, and items to be listed should be sent to the chair of the CME Committee, New Mexico Medical Society, 7770 Jefferson, Suite 400, Albuquerque, NM 87109, at least two months in advance. For information on CME accreditation or on the CME requirements of the New Mexico Board of Medical Examiners, please write to the above address or call (505) 828-0237.

NOTE: Course information in the following listing is subject to change on occasion. Check with the sponsoring institution for current details.

September 7-8—**New Mexico Chapter-American College of Surgeons Annual Meeting**. Inn of the Mountain Gods, Ruidoso. Sat-Sun. Contact: Catherine Museneche, MD, UNM-Division of Pediatric Surgery, 2211 Loma Blvd NE, Albuquerque 87131.

October 3-6—**Building "Virtual" Integrated Delivery Systems: Thriving in an Advanced Healthcare Market**. Pyramid Hotel, Albuquerque. Thurs-Sun. Contact: Lovelace Health Systems, National Seminar Coordinator, 5400 Gibson SE, Ed Bldg, 2nd Floor, Albuquerque 87108. (505) 262-3468. FAX (505) 262-3194.

October 10-13—**The Managed Care Tool Box**. Pyramid Hotel, Albuquerque. Thurs-Sun. Contact: Lovelace Health Systems, National Seminar Coordinator, 5400 Gibson SE, Ed Bldg, 2nd Floor, Albuquerque 87108. (505) 262-3468. FAX (505) 262-3194.

October 25-26—**ECG Interpretation for the Primary Care Physician**. Journal Center, Albuquerque. Fri-Sat. Contact: Megan Slane, Course Coordinator, New Mexico Heart Institute, 1001 Coal Ave, SE, Albuquerque 87106. (505) 841-1000; (800) 715-6644. FAX (505) 224-7085.

February 28-March 1—**25th Annual New Mexico Thoracic Society Lung Disease Symposium**. Taos. Fri-Sat. Contact: Billie Dytzel, 216 Truman NE, Albuquerque 87108. (505) 265-0732; (800) 221-LUNG. FAX (505) 260-1739.

CONTACT INFORMATION

UNM SOM—University of New Mexico School of Medicine, Office of CME, PO Box 713, Albuquerque 87131. (505) 277-3942.

UTAH

This listing of continuing medical education courses in Utah is compiled and edited by the CME office of the Utah Medical Association. All courses listed have been certified by CME accredited institutions as meeting the criteria for Category 1 of the Physician's Recognition Award of the American Medical Association. Accredited institutions wishing to list AMA Category 1 CME courses here should send information at least two months in advance to the Office of Continuing Medical Education, 540 East Fifth South, Salt Lake City, UT 84102; or phone (801) 355-7477. For information on CME accreditation, please write the CME office at the above address.

NOTE: Course information in the following listing is subject to change on occasion. Check with the sponsoring institution.

(Continued on Page 89)

to that of complete surgical resection; in either case, the risk for hemorrhage is virtually zero. The advantage of radiosurgery is that it is noninvasive and requires minimal hospital stay compared with open surgery. On the other hand, protection from hemorrhage is delayed until the malformation is obliterated by radiosurgery, whereas total resection immediately eliminates the risk for hemorrhage. Many physicians think that small arteriovenous malformations in the brain stem or in other hard-to-reach areas are best treated by radiosurgery. For those located in other areas, the immediate surgical risks must be weighed against the risk of delayed hemorrhage during the latent interval after radiosurgery.

The intent of radiosurgery for benign and malignant tumors is to prevent progression of the radiologic abnormality rather than to cause its complete disappearance—which occasionally occurs, but requires a high radiation dose to achieve consistently. Thus, serial scans—at intervals that depend on the tumor type—following radiosurgery are required. About 90% of acoustic neuromas selected for radiosurgery are controlled (do not progress). In the past five years, recommended radiosurgical doses for acoustic neuromas have been reduced, and the risks of facial and trigeminal neuropathy have been greatly decreased. Retrospective data show, however, that patients with useful hearing on the affected side still have a substantial risk for hearing loss. Whether radiosurgery or traditional surgery is the better therapy for acoustic neuroma is a topic of lively debate, especially because at least transient symptoms may occur after radiosurgery. About 95% of meningiomas selected for radiosurgery are controlled.

The standard treatments of glioblastoma and anaplastic astrocytoma include surgical excision, radiotherapy, and chemotherapy, but recent randomized trial results show a survival benefit for those patients who also receive a brachytherapy boost (temporary implantation of highly active radioactive iodine seeds in removable plastic catheters). Because radiosurgery produces a dose distribution similar to that of brachytherapy, it is now offered at

many centers, either initially in conjunction with fractionated radiotherapy or as the only radiation procedure at recurrence. Several retrospective studies show that survival following radiosurgery is similar to that following brachytherapy, but this has not been confirmed in a randomized trial.

Brain metastases are usually well defined and noninfiltrative and therefore represent ideal radiosurgical targets. Retrospective studies show that the growth of targeted tumors is halted for six months in about 90% of cases and that patients then are more likely to die of systemic rather than CNS disease. Therefore, patients with CNS metastasis who derive the greatest benefit from radiosurgery are those who have no or minimal non-CNS metastases. Some studies show that radiosurgery may be useful for some patients with multiple CNS metastases, particularly if their primary disease is controlled and they have no evidence of non-CNS metastases. A current randomized trial should determine whether patients who receive radiosurgery at the time of diagnosis should also receive whole-brain radiotherapy.

Radiosurgery is appealing to patients because it is noninvasive and because the results of treatment compare favorably with those of alternative therapies. Although the typical cost per procedure of radiosurgery is greater than that of radiotherapy, it is less than that of an operation. Studies will help determine whether larger targets can be treated effectively and safely and whether radiosurgery results can be improved with radiosensitizers. In the future, we are likely to see radiosurgery techniques used at non-CNS anatomic sites.

DAVID A. LARSON, PhD, MD
MICHAEL W. McDERMOTT, MD
San Francisco, California

REFERENCES

- Kondziolka D (Ed): *Radiosurgery 1995*. Basel, Switzerland, Karger, 1996
- Larson DA, Bova F, Eisert D, et al: Consensus statement on stereotactic radiosurgery quality improvement. *Int J Radiat Oncol Biol Physics* 1993; 28:527-530
- Larson DA, Lindquist C, Loeffler J, Lunsford D: Radiosurgery patterns of practice. *Surg Neurol* 1995; 44:414-420

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Oncology Association
Santa Rosa

Correspondence

Genetics and Homosexuality

TO THE EDITOR: I was appalled and offended by the implication that male homosexuality is a "psychiatric" or "behavioral disorder," genetically linked, in this classification, with "human aggression," "anxiety or neuroticism," "attention-deficit hyperactivity and reading disability," "novelty seeking," "schizophrenia," and "manic depressive illness," as discussed by Reus in the March 1996 issue of *THE WESTERN JOURNAL OF MEDICINE*.¹ Genetic linking of sexuality or sexual preferences is as normal as genetic linking of gender, skin color, and many other human attributes and should not be listed in a grouping of otherwise abnormal behaviors or illnesses.

LINDA H. MORSE, MD
Chief, Occupational Medicine
Kaiser Permanente Medical Center
 601 Van Ness Ave #2008
 San Francisco, CA 94102

REFERENCE

1. Reus VI: Behavioral genetics. *West J Med* 1996; 164:260

* * *

Dr Reus Responds

TO THE EDITOR: Linda H. Morse, MD, is mistaken in her interpretation of my comments in the epitome in the March 1996 issue of *THE WESTERN JOURNAL OF MEDICINE*. There was no intended nor actual linkage of male homosexuality to psychiatric or behavioral disorders. The review was of a number of recent studies in "behavioral genetics," and while it is true that many have focused on specific illnesses, several have attempted to find genetic determinants of normal complex human traits. The epitome, which was critical of premature interpretations in this area, included two studies that explored normal behavior, one investigating the

temperament dimension of "novelty seeking," and the other, male homosexuality. It should be pointed out that the study associating the dopamine D₄ receptor polymorphism with the personality trait of "novelty seeking," reported by Ebstein and co-workers, used normal volunteers from a hospital and university in Israel and that their findings were replicated by a group from the National Institutes of Health on a cohort of 315 normal subjects who were evenly split with regard to homosexual or heterosexual orientation.¹

The recent finding on homosexuality does not exclude the possibility of genetic contributions to heterosexuality, and such reports would have been included had they been available; the imputation of abnormality would be inappropriate in either case, as it would reflect a social judgment rather than a biologic fact. The study of homosexuality by Hamer and colleagues was published in a leading journal, received widespread media attention, and has been expanded into a book for the lay public.² I do not agree with Dr Morse that it should not be discussed along with other studies of the genetics of behavior, any more than I feel that a finding of a gene for skin color or hair growth should be prohibited from being mentioned in a review of genetic findings in dermatology or a gene for nutritional preference in a discussion of genetic advances in cardiology.

VICTOR I. REUS, MD
Professor
Department of Psychiatry and
Langley Porter Institute
 401 Parnassus Ave, Box F-0984
 San Francisco, CA 94143-0984

REFERENCES

1. Benjamin J, Li L, Patterson C, et al: Population and familial association between the D₄ dopamine receptor gene and measures of novelty seeking. *Nature Genet* 1996; 12:81-84
2. Hamer D, Copeland P: *The Science of Desire*. New York, NY, Simon & Schuster, 1994

The Editors are pleased to receive letters commenting on articles published in the journal in the past six months, as well as information or short case reports of interest to our readers. ALL MATERIAL SUBMITTED FOR CONSIDERATION MUST BE DOUBLE-SPACED. Letters NO LONGER THAN 500 WORDS are preferred. An original typescript and one copy should be submitted. All letters are published at the discretion of the Editors and subject to appropriate editing. Those of a scientific nature will be peer reviewed. Authors should include information regarding conflict of interest, when appropriate ("I warrant that I have no financial interest in the drugs, devices, or procedures described in this letter"). Most letters regarding a previously published article will be sent to the authors of the article for comment. Authors of accepted letters will have an opportunity to review the edited version before publication.

THE WESTERN JOURNAL OF MEDICINE

INSTRUCTIONS FOR AUTHORS

Our readership represents all specialties of medicine. We wish to receive and publish manuscripts that are valid, important, lively, well-written, and succinct. They should be of interest to a broad range of busy practitioners, students, researchers, and scholars who have a clinical orientation. The purpose of a paper or letter may be to alert, review, discuss—above all, to teach. Titles should be short and intriguing. Avoid jargon, the overuse of abbreviations and acronyms, sexist language, redundancies, or expendable words and phrases (see *AMA Manual of Style*, 8th Edition).

Manuscript Information

Manuscripts should be sent to the Editor, Linda Hawes Clever, MD, *The Western Journal of Medicine*, 221 Main Street, San Francisco, California 94105. Manuscripts must be original, not previously published, and not under consideration by another publisher. If preliminary data were included in another presentation or publication, this should be noted in the cover letter and a copy of that publication should be included. Any conflict of interest, actual or potential, should be revealed to the Editors (see Letter of Transmittal).

Manuscripts should not exceed 3,000 words (15 double-spaced pages). Case Reports, Alerts, and Notices should not exceed 1,500 words. Lessons From the Practice should not exceed 1,000 words.

Manuscripts, except for Case Reports, Epitomes, and Lessons From the Practice, should include a *nonstructured* abstract of no more than 200 words summarizing the article. Abstracts should include a description of the purpose, design, patients, results, and conclusions.

Letters to the Editor **must be double-spaced** and will be published at the discretion of the Editors. They may be edited for style and brevity. Those of a scientific nature may be subject to peer review. They should be no more than 500 words in length. Authors will be sent galley proofs before publication.

All manuscripts will be subject to peer review to determine the originality, validity, and importance of content and conclusions. Reviewers' comments will be returned with rejected manuscripts at the discretion of the Editors. All reviewers will remain anonymous.

All accepted manuscripts are subject to copyediting, and the corresponding author is sent edited galley proofs for approval and necessary minor changes. Excessive changes at this stage may result in a delay of publication or withdrawal of the paper. No changes will be made after the final, edited version has been approved by the corresponding author without notifying the author. It is the corresponding author's responsibility to clear all corrections and changes with his or her coauthors.

Letter of Transmittal

All authors must sign the letter of transmittal, with one author designated as correspondent and his or her name, address, and telephone number included.

The order of authorship is determined by the authors. All authors should meet the basic criteria for authorship (as stated below). Because order of authorship is assigned in different ways, its meaning cannot be inferred accurately unless it is

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A letter of transmittal, except for one accompanying a manuscript from US Government employees whose work was done as part of their official duties, must include a paragraph that transfers copyright: "In consideration for reviewing and editing my submission, the author(s) undersigned hereby transfers, assigns, or otherwise conveys all copyright ownership to *The Western Journal of Medicine*, in the event that such work is published by the journal."

The letter of transmittal must include a statement of author responsibility: "I have participated in the conception and design of this work and in the writing of the manuscript and take public responsibility for it. I have reviewed the final version of the manuscript and approve it for publication. I attest to the validity and legitimacy of data in the manuscript and agree to be named as the lead author or coauthor of the manuscript."

The letter of transmittal must include a statement of financial disclosure: "I warrant that I have no financial interest in the drugs, devices, or procedures described in the enclosed manuscript (except as disclosed in the attached statement)."

Research or project support should be included as a footnote to the manuscript or in the accompanying cover letter.

Manuscripts concerned with experimental investigation on human subjects must include in the text a statement that all subjects gave their informed consent and that approval of the appropriate ethics committee was obtained.

CHECKLIST

- Original manuscript and 2 copies
- **Everything** double-spaced
- Illustrations, black and white glossy, identified with lead author's name—3 sets, plus figure legends that describe fully and in complete sentences what the figure depicts
- Letter of transmittal that includes release of copyright, statement of conflict of interest, and authorship responsibility, signed by all authors
- A 200-word abstract
- Title page that includes current affiliation of all authors and an address and telephone number for corresponding author
- Permission-to-borrow letters for any previously published illustrations or tables
- All references numbered consecutively, double-spaced, in *WJM* style, and cited in text. No unpublished data or nonscientific publications listed in references (include in text)

Acknowledgments

Acknowledgments will be printed on a select basis—to acknowledge those who contributed to but were not involved in the writing or review of the paper. They should not include persons whose work on the manuscript was a part of their regular duties.

Preparation of Manuscripts

Everything, including references, tables, figure legends, and abstracts, **must be double-spaced**.

The original manuscript and two copies should be submitted on standard-sized heavy bond paper. Allow a margin of 2.5 to 4 cm (1 to 1.5 in) on both sides. Manuscripts transmitted by facsimile machine are not acceptable unless requested by the Editors.

All values should be in *Système International* (SI) units, with metric equivalents following in parentheses. Temperature readings should be given in Celsius. Use the generic name of drugs, with the salt or ester given when first used.

Figures (illustrations) should be submitted in triplicate in black and white, unmounted 12.7 × 17.8 cm (5 × 7 in) glossy prints, with the figure number, author's name, and top of the photo indicated with a label on the back.

Patients (and relatives) have a right to anonymity in published clinical documentation. Details that might identify patients should be avoided unless essential for scientific purposes. Masking of the eye region in photographs of patients may be inadequate protection of anonymity. If identification of patients is unavoidable, informed consent should be obtained, and this should be clearly stated in the article. Data on patients should not be changed as a way of securing anonymity. Figure legends, to be typed in sequence on the same page, should be in complete sentences. Any figures or tables previously published must be accompanied by a letter of permission to borrow from the copyright holder (the previous publisher). The permission of the authors should also be obtained. The Editors discourage the use of borrowed figures or tables.

Reprints

A form to order reprints will be sent to the author when the article is published.

References

All references should be cited in the text using superscript numbers and listed in their order of citation. They should be pertinent to the text and not simply a listing of the results of a computerized search. They should be in *WJM* style per the examples given below. Do not use *op cit* or *ibid*.

(All references should be medical, scientific, or scholarly publications. Others—newspapers, magazines, etc—should be kept to a minimum and included in the text.)

Journal Articles

Abbreviations of journal titles should conform to those used in *Index Medicus*. List up to six authors; for seven or more, use *et al* after listing the first three.

1. Berman SM, Shah B, Wyle FA, Dacosta-Iyer M, McRae DM: Disseminated *Pneumocystis carinii* in a patient receiving aerosolized pentamidine prophylaxis. *West J Med* 1990; 153:82-86

2. Jones JS, Anderson HW Jr, Johnson DW, et al: The athletic heart revisited—Sudden death of a 28-year-old athlete. *JAMA* 1978; 292:444-456

Books

3. Berne EJ: Role playing in therapy, chap 2, *Principles of Group Therapy*. New York, NY, Oxford University Press 1966, pp 35-51 [author of book is same as author of chapter]

4. Munsung JD: The role of drugs, chap 2, *In* Brest AN, Mayer JD (Eds): *Hypertension—Vol 3, Therapy*, 2nd Edition. Chicago, Ill, Year Book Medical Publishers, 1961, pp 456-479 [authors of book differ from chapter author]

Correspondence

5. Shusterman D: Espresso maker's wrist (Correspondence). *West J Med* 1990; 152:721-722

Government Publications

6. The Health Consequences of Smoking—Cardiovascular Disease: A Report of the Surgeon General. Washington, DC, US Dept of Health and Human Services publication No. (PHS) 84-50204, 1983

7. Centers for Disease Control: Update: Acquired immunodeficiency syndrome—United States. *MMWR* 1987; 36:522-526

Proceedings

8. O'Connell M: A Controlled Trial of Regional Intraarterial FUDR Versus Systemic 5FU for the Treatment of Metastatic Colorectal Cancer Confined to the Liver. Presented at the annual meeting of the American Society of Clinical Oncology, San Francisco, December 1989

Mass Circulation Publications (Do not include in reference list; put in text)

(T. Harris, "Selenium-Rich Sediments Also Have Been Reported in Wildlife Refuges," *The Sacramento Bee*, September 8, 1985, p 5)

Personal Communications and Unpublished Data

This material should not be included in the reference list but should be given in parentheses in the body of the text, listing the person's name, highest academic degrees, and professional affiliation, whether the communication was oral or written, and the date (month and year).

Lyme disease has been reported in red squirrels (J. Sneed, PhD, Department of Wildlife, written communication, September 1990).

CONTINUING MEDICAL EDUCATION

(Continued from Page 13)

September 20—**Ophthalmology: Clinical Faculty Day.** Fri. 7 hrs. \$65. Contact: UUSM.

October 4-5—**Western Intermountain Neurological.** University Park Hotel, Salt Lake City. Fri-Sat. 12 hrs. \$75. Contact: UUSM.

October 7-9—**Preconference Workshop.** Mon-Wed. \$500. Limited to 15. Contact: UUSM.

October 10-13—**Intensive Interactive Head and Neck Imaging.** University Park Hotel, Salt Lake City. Thurs-Sun. 30 hrs. \$750. Contact: UUSM.

December 6-12—**Intensive MR Imaging and Neuroradiology.** Marriott Hotel, Salt Lake City. Fri-Thurs. 30 hrs. \$1,250. Contact: UUSM.

February 5-9—**3rd Annual Brigham & Women's Utah Therapeutic GI Endoscopy Course 1996: Problems and Solutions.** Park City. Contact: UUSM.

MEDICAL GRAND ROUNDS

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ETS:	Emergency Training Services, 777 N 390 East, American Fork 84003. (801) 763-3555.
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ITS:	Intermountain Thoracic Society, 1616 S 11th East, Salt Lake City 84105. (801) 484-4456.
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MVH:	Mountain View Hospital, 1000 E Highway 6, Payson 84651. (801) 465-9201.
OSS:	Ogden Surgical-Medical Society, PO Box 9311, Ogden 84409.
PCMC:	Primary Children's Medical Center, 100 N Medical Dr, Salt Lake City 84113. (801) 588-2000.
PVH:	Pioneer Valley Hospital, 3460 S 4155 West, West Valley City 84120. (801) 968-9061.
UANS:	Utah Association of Neurological Surgeons, 24 S 1100 East, Ste 302, Salt Lake City 84102. (801) 531-7806.
UMIA:	Utah Medical Insurance Association, 540 E 500 South, Salt Lake City 84102. (801) 531-0375.
UOS:	Utah Ophthalmological Society, 540 E 500 South, Salt Lake City 84102. (801) 355-7477.
USH:	Utah State Hospital, PO Box 270, Provo 84603-0270. (801) 373-4400.
UUSM:	University of Utah School of Medicine, Office of Continuing Medical Education, 50 N Medical Dr, Salt Lake City 84132. (801) 581-8664.
VAMC:	Veterans Affairs Medical Center, 500 Foothill Dr, Salt Lake City 84148. (801) 582-1565.

WASHINGTON

The listing of continuing medical education programs in Washington state is compiled by the Washington State Medical Association. To list Category 1 programs here, please send information at least two months in advance to Continuing Medical Education, Washington State Medical Association, 2033 Sixth Avenue, Suite 1100, Seattle, WA 98121; or phone (206) 441-9762 or (800) 552-0612.

Brochures and registration forms are available from the contact person or organization listed at the end of each course or in the list of course sponsors and contact information.

September 5-7—**Impact of Bacterial Antibiotic Resistance on Oral Health: What is the Relevance?** Seattle. Thurs-Sat. Contact: U/W Dept of Environmental Health, (206) 543-1069.

September 6-7—**Collaborative Practice.** Seattle. Fri-Sat. Contact: U/W.

September 6-7—**Radiation Risk Communication.** Seattle. Fri-Sat. Contact: U/W Dept of Environmental Health, (206) 543-1069.

September 9-13—**24th Annual Advances in Family Practice.** Seattle. Mon-Fri. Contact: U/W.

September 18—**Random Acts in Geriatrics.** Seattle. Wed. Contact: Providence/Seattle Medical Center, (206) 320-2552.

September 19—**Diagnosis and Treatment of Peripheral Vascular Disease.** Everett. Thurs. Contact: Providence General Medical Center, (206) 261-3690.

September 20—**Cardiovascular Risk Factors.** Seattle. Fri. Contact: Virginia Mason, (206) 223-6898.

September 20-22—**Pacific NW Diagnostic Ultrasound.** Seattle. Fri-Sun. Contact: Swedish Medical Center, (206) 386-2265.

September 24—**Low-Molecular-Weight Heparin.** Seattle. Tues. Contact: Swedish Medical Center, (206) 386-2265.

September 24—**Washington's Children Health Policy Conference.** Seattle. Tues. Contact: Children's Continuing Medical Education, (206) 526-2501.

September 25—**MHTRP—Fall Conference.** Seattle. Wed. Contact: Children's Continuing Medical Education, (206) 526-2501.

September 25-27—**Evaluation of Permanent Impairment.** Yakima and Everett. Wed-Fri. Contact: U/W Dept of Environmental Health, (206) 543-1069.

September 26-28—**Surgery Update—Harkins Society Annual Straus Lecture.** Seattle. Thurs-Sat. Contact: U/W.

September 27-28—**ACLS.** Seattle. Fri-Sat. Contact: Swedish Medical Center, (206) 386-2265.

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CME HARBORVIEW—Contact: Gayle Splater, Cytology Continuing Education, Dept. of Pathology, Harborview Medical Center, 325 Ninth Ave, Seattle, WA 98104. (206) 223-5953.

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California Medical Association—PO Box 7690, San Francisco 94120-7690. (415) 541-0900. Annual Meeting: March 21-25, 1997, SF Hilton, San Francisco.

Colorado Medical Society—PO Box 17550, Denver 80217-0550. (303) 779-5455. September 20-22, 1996, Steam Boat Sheraton, Steam Boat Springs.

Hawaii Medical Association—1360 S Beretania, Honolulu 96814. (808) 536-7702. Annual Meeting: October 18-20, 1996, Kauai Marriott, Lihue.

Idaho Medical Association—305 W Jefferson, PO Box 2668, Boise 83701. (208) 344-7888. Annual Meeting: July 23-26, 1997, Sun Valley Inn, Sun Valley.

Montana Medical Association—2012 11th Ave, Suite 12, Helena 59601. (406) 443-4000. Annual Meeting: August 16-18, 1996, West Yellowstone Conference Hotel, West Yellowstone.

Nevada State Medical Association—3660 Baker Lane, Reno 89502. (702) 825-6788. Annual Meeting: May 1-4, 1997, Sheraton El Conquistador Hotel, Tuscon, AZ.

New Mexico Medical Society—7770 Jefferson NE, Suite 400, Albuquerque 87109. (505) 828-0237. Annual Meeting: May 9-10, 1997, Albuquerque, NM.

Utah Medical Association—540 E Fifth South, Salt Lake City 84102. (801) 355-7477. Annual Meeting: September 25-28, 1996, University Park Hotel, Salt Lake City.

Washington State Medical Association—900 United Airlines Bldg, 2033 6th Ave, Ste 1100, Seattle 98121. (206) 441-9762. Annual Meeting: September 26-28, 1996, Tacoma Sheraton, Tacoma.

Wyoming Medical Society—PO Drawer 4009, Cheyenne 82003-4009. (307) 635-2424. Annual Meeting: June 11-14, 1997, Jackson Lake Lodge, Moran.

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AUGMENTIN® amoxicillin/clavulanate potassium**SUMMARY. FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE INSERT.**

INDICATIONS AND USAGE: Augmentin is indicated in the treatment of infections caused by susceptible strains of designated organisms in the conditions listed below.

Respiratory Tract Infections caused by β -lactamase-producing strains of *Haemophilus influenzae* and *Moraxella catarrhalis*. **Otitis Media** caused by β -lactamase-producing strains of *Haemophilus influenzae* and *Moraxella catarrhalis*. **Sinusitis** caused by β -lactamase-producing strains of *Haemophilus influenzae* and *Moraxella catarrhalis*. **Skin and Skin Structure Infections** caused by β -lactamase-producing strains of *Staphylococcus aureus*, *Escherichia coli*, and *Klebsiella* spp. **Urinary Tract Infections** caused by β -lactamase-producing strains of *Klebsiella* spp. and *Enterobacter* spp. While Augmentin is indicated only for the conditions listed above, infection caused by ampicillin-susceptible organisms are also amenable to Augmentin treatment due to its amoxicillin component. Therefore, mixed infections caused by ampicillin-susceptible organisms and β -lactamase-producing organisms may be treated with Augmentin without the addition of another antibiotic. Because amoxicillin has greater *in vitro* activity against *Streptococcus pneumoniae* than does ampicillin or penicillin, the majority of *S. pneumoniae* strains with decreased susceptibility to ampicillin or penicillin are fully susceptible to amoxicillin and Augmentin. (See Microbiology section.)

Biological studies to determine the causative organisms and their susceptibility to Augmentin should be performed with any indicated surgical procedures. Therapy may be instituted prior to obtaining the results from bacteriological and susceptibility studies to determine the causative organisms and their susceptibility to Augmentin when there is no delay in believing the infection may involve any of the β -lactamase-producing organisms listed above. Once results are known, adjust therapy, if appropriate.

CONTRAINDICATIONS: Patients with a history of allergic reactions to any penicillin; or patients with a history of Augmentin-associated cholestatic jaundice/hepatic dysfunction.

WARNINGS: SERIOUS AND OCCASIONALLY FATAL HYPERSENSITIVITY (ANAPHYLACTIC) REACTIONS HAVE BEEN REPORTED IN PATIENTS ON PENICILLIN THERAPY. THESE REACTIONS ARE MORE LIKELY TO OCCUR IN INDIVIDUALS WITH A HISTORY OF PENICILLIN HYPERSENSITIVITY AND/OR A HISTORY OF SENSITIVITY TO MULTIPLE ALLERGENS. THERE HAVE BEEN REPORTS OF INDIVIDUALS WITH A HISTORY OF PENICILLIN HYPERSENSITIVITY WHO HAVE EXPERIENCED SEVERE REACTIONS WHEN TREATED WITH AUGMENTIN. BEFORE INITIATING THERAPY WITH AUGMENTIN, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO PENICILLIN, CEPHALOSPORINS OR OTHER ALLERGENS. IF AN ALLERGIC REACTION OCCURS, AUGMENTIN SHOULD BE DISCONTINUED AND THE APPROPRIATE THERAPY INSTITUTED. SERIOUS ANAPHYLACTIC REACTIONS REQUIRE IMMEDIATE EMERGENCY TREATMENT WITH EPINEPHRINE, OXYGEN, INTRAVENOUS STEROIDS AND AIRWAY MANAGEMENT, INCLUDING INTUBATION, SHOULD ALSO BE ADMINISTERED AS INDICATED. Pseudomembranous colitis has been reported with nearly all antibacterial agents, including Augmentin, and may range in severity from mild to life-threatening. Therefore, it is important to consider this diagnosis in patients who present with diarrhea subsequent to the administration of antibacterial agents. Treatment with antibacterial agents alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that *Clostridium difficile* is one primary cause of "antibiotic associated colitis." After the diagnosis of pseudomembranous colitis has been established, appropriate therapeutic measures should be initiated. Mild cases of pseudomembranous colitis usually respond to drug discontinuation alone. In moderate to severe cases, consideration should be given to management with fluids and electrolytes, protein supplementation and treatment with an antibacterial drug clinically effective against *Clostridium difficile* colitis. Use Augmentin cautiously in patients with evidence of hepatic dysfunction. Hepatic toxicity associated with Augmentin use is usually reversible. On rare occasions, deaths have been reported (less than 1 death reported per estimated 4 million prescriptions worldwide). These have generally been associated with serious underlying diseases or concomitant medications. (See CONTRAINDICATIONS and WARNINGS.)

PRECAUTIONS: General: While Augmentin possesses the characteristic low toxicity of the penicillin group of antibiotics, periodic assessment of organ system functions, including renal, hepatic and hematopoietic function, is advisable during prolonged therapy.

A small percentage of patients with mononucleosis who receive ampicillin develop an erythematous skin rash. Thus, ampicillin class antibiotics should not be administered to patients with mononucleosis. The possibility of superinfection with mycotic or bacterial pathogens should be kept in mind during therapy. If superinfections occur (usually involving *Candida*), the drug should be discontinued and/or appropriate therapy instituted. Concurrent use with Augmentin may result in increased and prolonged blood levels of amoxicillin. Co-administration of probenecid cannot be recommended. The concurrent administration of allopurinol and ampicillin increases substantially the incidence of rashes in patients receiving both drugs as compared to patients receiving ampicillin alone. It is not known whether this potential of ampicillin rashes is due to allopurinol or the hyperuricemia present in these patients. There are no data with Augmentin and allopurinol administered concurrently.

Pharmacokinetic Test Interactions: Oral administration of Augmentin will result in high urine concentrations of amoxicillin. High urine concentrations may result in false-positive reactions when testing for the presence of amoxicillin in urine using Clinistix®. Benedict's Solution or Fehling's Solution. Since this effect may also occur with ampicillin and therefore Augmentin, it is recommended that glucose tests based on enzymatic glucose oxidase reactions (such as Clinistix® or Tes-Tape®) be used.

Following administration of ampicillin to pregnant women a transient decrease in plasma concentration of total conjugated estradiol, estradiol-glucuronide, conjugated estrone and estradiol has been noted. This effect may also occur with ampicillin and therefore Augmentin.

Teratogenesis, Mutagenesis, Impairment of Fertility: Long-term studies in animals have not been performed to assess carcinogenic potential. **Mutagenesis:** The mutagenic potential of Augmentin was investigated *in vitro* with Ames test, a human lymphocyte chromosome aberration assay, a yeast test and a mouse lymphoma forward mutation assay, and *in vivo* with mouse micronucleus tests and a dominant lethal test. All were negative apart from the *in vitro* mouse lymphoma assay where weak activity was found at very high, cytotoxic concentrations.

Impairment of Fertility: Augmentin at oral doses of up to 1200 mg/kg/day (5.7 times the maximum human dose, 1400 mg/day, based on body surface area) was found to have no effect on fertility and reproductive performance in rats fed with a 2:1 ratio formulation of amoxicillin/clavulanate.

Reproductive Effects: **Pregnancy (Category B):** Reproduction studies performed in pregnant rats and mice given Augmentin at oral dosages up to 1200 mg/kg/day, equivalent to 7200 and 4080 mg/m²/day, respectively (4.9 and 2.8 times the maximum human oral dose based on body surface area), revealed no evidence of harm to the fetus due to Augmentin. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, use this drug during pregnancy only if clearly needed.

Labor and Delivery: Oral ampicillin class antibiotics are generally poorly absorbed during labor. Studies in guinea pigs have shown that intravenous administration of ampicillin decreased the uterine tone, frequency of contractions, height of contractions and duration of contractions. However, it is not known whether the use of Augmentin in humans during labor or delivery has immediate or delayed adverse effects on the fetus, prolongs the duration of labor, or increases the need for forceps delivery or other obstetrical intervention or resuscitation of the newborn will be necessary.

Postnatal Effects: Ampicillin class antibiotics are excreted in the milk; therefore, caution should be exercised when Augmentin is administered to a nursing woman.

ADVERSE REACTIONS: Augmentin is generally well tolerated. The majority of side effects observed in clinical trials were mild and transient; <3% of patients discontinued therapy because of drug-related side effects. The most frequently

observed adverse effects were diarrhea/loose stools (9%), nausea (3%), skin rashes and urticaria (3%), vomiting (1%), vaginitis (1%). The overall incidence of side effects, and in particular diarrhea, increased with the higher recommended dose. Other less frequently reported reactions include: abdominal discomfort, flatulence and headache.

Following adverse reactions have been reported for ampicillin class antibiotics:

Common: Nausea, vomiting, indigestion, gastritis, stomatitis, glossitis, black "hairy" tongue, enterocolitis, mucocutaneous candidiasis and pseudomembranous colitis. Onset of pseudomembranous colitis symptoms may occur during or after antibiotic treatment. (See WARNINGS.) Skin rashes, pruritus, urticaria, angioedema, serum sickness-like reactions (fever or skin rash accompanied by arthritis, arthralgia and frequently fever), erythema multiforme (rarely severe-Johnson Syndrome) and an occasional case of exfoliative dermatitis (including toxic epidermal necrolysis). These reactions may be controlled with antihistamines and, if necessary, systemic corticosteroids. Whenever such reactions occur, the drug should be discontinued, unless the opinion of the physician dictates otherwise. Serious and occasional fatal hypersensitivity (anaphylactic) reactions can occur with oral penicillin. (See WARNINGS.) A moderate rise in SGPT (SGPT) and/or ALT noted in patients treated with ampicillin class antibiotics but the significance of these findings is unknown. Hepatic dysfunction, including increases in serum transaminases (AST and/or ALT), serum bilirubin and/or alkaline phosphatase, has been infrequently reported with Augmentin. The histologic findings on liver biopsy have consisted of predominantly cholestatic, hepatocellular, or mixed cholestatic-hepatocellular changes. The onset of signs/symptoms of hepatic dysfunction may occur during or several weeks after therapy has been discontinued. The hepatic dysfunction, which may be severe, is usually reversible. On rare occasions, deaths have been reported (less than 1 death reported per estimated 4 million prescriptions worldwide). These have generally been cases associated with serious underlying diseases or concomitant medications. Interstitial nephritis and hematuria have been reported rarely. Anemia, thrombocytopenia, purpura, eosinophilia, leukopenia and agranulocytosis have been reported during therapy with penicillins. These reactions are usually reversible on discontinuation of therapy and are believed to be hypersensitivity phenomena. A slight thrombocytosis was noted in less than 1% of the patients treated with Augmentin. Reversible hyperactivity, agitation, anxiety, insomnia, confusion, behavioral changes, and/or seizures have been reported rarely.

DOSE AND ADMINISTRATION

In both the Augmentin 250 mg and 500 mg tablets contain the same amount of clavulanic acid (125 mg, as potassium salt). 2 Augmentin 250 mg tablets are not equivalent to 1 Augmentin 500 mg tablet. Therefore, 2 Augmentin 250 mg tablets should not be substituted for 1 Augmentin 500 mg tablet.

Adults: The usual adult dose is 1 Augmentin 500 mg tablet every 12 hours or 1 Augmentin 250 mg tablet every 8 hours. For severe infections and infections of the respiratory tract, the dose should be 1 Augmentin 875 mg tablet every 12 hours or 1 Augmentin 500 mg tablet every 8 hours.

Patients with impaired renal function do not generally require a reduction in dose unless the impairment is severe. Severely impaired patients with a glomerular filtration rate of <30 mL/minute should not receive the 875 mg tablet. Patients with a glomerular filtration rate of 10 to 30 mL/minute should receive 500 mg or 250 mg every 12 hours, depending on the severity of the infection. Patients with a glomerular filtration rate of 10 to 30 mL/minute should receive 500 mg or 250 mg every 24 hours, depending on severity of the infection.

End-stage renal disease patients should receive 500 mg or 250 mg every 24 hours, depending on severity of the infection. They should receive an additional dose both during and at the end of dialysis.

Severely impaired patients should be dosed with caution and hepatic function monitored at regular intervals. (See WARNINGS.)

Pediatric Patients: Pediatric patients weighing 40 kg or more should be dosed according to the adult recommendation.

For the different amoxicillin to clavulanic acid ratios in the Augmentin 250 mg tablet (250/125) versus Augmentin 250 mg chewable tablet (250/62.5), the Augmentin 250 mg tablet should not be used until the patient weighs at least 40 kg or more.

Administration: Augmentin may be taken without regard to meals; however, absorption of clavulanate potassium is enhanced when Augmentin is administered at the start of a meal. To minimize the potential for gastrointestinal intolerance, Augmentin should be taken at the start of a meal.

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100-YEAR-OLD MEDICAL JOURNAL ACQUIRED

New Publisher Takes Over
The Western Journal Of Medicine

The California Medical Association (CMA) announced today the sale of its publication *The Western Journal of Medicine* to Carden Jennings Publishing Company, Ltd (CJP), a rapidly expanding publisher of scientific journals based in Charlottesville, Virginia. The CMA will retain control of the journal's editorial content and direction.

The Western Journal of Medicine, which first appeared in 1897 as the *California State Journal of Medicine*, is one of the world's most respected peer-reviewed journals. For nearly 100 years WJM has provided practical information on clinical medicine, ethics, health, and public policy to physicians.

"The editorial content of *The Western Journal of Medicine* has provided physicians around the world with the latest information they need to practice the science and art of medicine," says Carden Jennings President Bill Carden. "We will maintain the high standards of editorial excellence for the *Journal* while striving to enhance the reach, influence, and appearance beyond its current level." Carden Jennings plans to develop a significant Internet presence for WJM to support these goals and to ease communications with its subscribers.

The California Medical Association is a voluntary, non profit association of 34,000 physicians. Faced with rising postage and printing costs and a drop in revenue, CMA sought a relationship with an outside publisher. "Achieving financial stability will give us the opportunity to develop and improve the journal's fundamental mission to apply science to the bedside and provide physicians with the most current practice and policy information," says WJM editor Linda Hawes Clever, MD. With this focus, Dr Clever noted plans for a landmark issue in 1997, in cooperation with the Milbank Memorial Fund, exploring the effects of managed care on physicians, patients, and the public.

The Western Journal of Medicine publishes monthly and has numerous affiliations with universities, clinical research societies, and medical associations throughout the United States.

See WJM Subscription Order Form, Page 103

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